Puerperal Fever #1

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An Essay

on Puerperal Fever

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Those diseases to which women, are peculiarly subject, form so considerable and important a portion of the practice of a physician & those especially connected with pregnancy, are so very interesting to him that they have particularly drawn the attention of medical men to the means most proper to alleviate them. The duty imposed on them by their creator for the continuation of mankind; subjects them to more than an equal share of the miseries that afflict

the human race; consequently they have a very great claim not only on the sympathy of medical men but on their particular attention; since we find in every period of time exertions have been made many of which have proved succes=ful to alleviate their distress: yet there remains an extensive field for improvement.

The subject chosen for the following dissertation, is the child-bed or puerperal fever. This disease appears to have been known to physicians in early times, and has been described by numerous writers at various periods under different names; by some it has been considered as an inflammation of the uterus, omentum or peritonæum; others have attributed it to a suppression of the lochia; and by a few it has been considered as owing entirely to an undue secretion of milk. Although there has been such a variety of opinion among practitioners respecting the cause of this disease, yet all agree that it is often dreadful in its

nature and fatal in its issue. There are many melancholy testimonies of its fatality and the uncertainty of every method of cure that has been proposed. On the authority of Doct. Young we find this disease very fatal at Edinburg as late as the year 1774, and he informs us that almost every woman as soon as she was delivered was attacked with the disease and that not one recovered, although every method was tried to cure the disorder. Doct. Rush also tells us that death from puerperal fever was very common between the years 1760 & 1776 in Philadelphia.

It is not surprising that a disease which forms so considerable a portion of the complaints of puerperal women, and which is so remarkable for its fatal termination, should have excited the attention of physicians; we consequently find that medical men began very early to investigate its nature and find means to prevent

its ravages.

That so little progress has been made in the knowledge of those diseases which attack child bearing women, must be attributed to the imaginary theories of the puerperal state that have been taught and received.

We are apt to neglect simple truth for the mere inventions of the mind that may be created at pleasure: but "let it be remembered that the slightest remark drawn from real observation, is of more utility and gives greater satisfaction to a judicious enquirer, than the most extensive theory of causes drawn from hypothesis alone".

Although much has been said against theory in medicine, yet it has been considered by some as the greatest desideratum in the science of medicine, to have a theory established on the solid base of accurate observation. I believe that such a theory has been deduced from observation, since experiment the only test of truth

has taught us that it leads to a successful treatment of disease.

The theory I advocate teaches that disease consists in a morbid or impure action of the system, and that this impure action by the miasmatic poison, the difference of its seat, and the greater or less time of its duration, produces all the numerous diseases incident to the body. It rejects the idea of prescribing for the name of a disease, and confines the attention of the physician to the state of the system.

History. Fever is a subject in medicine, perhaps, concerning which, there has been a great diversity of opinion. Even from the greatest number of authors it is considered as of a low putrid nature; by others as highly inflammatory; in our own country, now it is generally considered as a disease of impure action, but frequently the inflammatory action passes into the typhous state, which

may be known by the pulse becoming frequent small and quick, a great inclination to sleep, clammy sweats, torpor of the alimentary canal, tremors

The period of time at which this descend attack the patient, is very uncertain, sometimes she is free from all symptoms of the disease for a week after parturition; but the most frequent time of attack, is on the second or third day after that event.

It almost always comes on with a cold stage, accompanied with the usual signs of fever, as great thirst, pain in the loins especially over the sacrum. The skin is hot and dry, sometimes partially moist. The tongue at first, is furred and white, but becomes covered with a dark crust. The pulse varies, sometimes small, at others full and tense, usually very frequent from 100 to 120. Shooting pains are felt in the belly, with great uni-

=ly can recognize.

As the disease advances the whole abdo=
=men becomes affected with excruciating pain,
and so extremely are to the touch, that even
the bed clothes by their weight cause great
distress; and at the same time a swelling
generally commences which sometimes increas=
=es so rapidly that in a very short time the
woman appears as large as before delivery.
Respiration is performed with great difficulty,
the cause being due to laborious pressure
of the diaphragm. There is likewise much
pain in the back, hips and lower extremities;
the swollen legs are frequently oedematous.

The face is sometimes flushed, but gen=
=erally pale, and has an anxious appearance; even
and at other times the mind is both at body
and mind. Great prostration of strength, loss of
appetite, with weariness; complaining about her
illness, and so seem to exhibit it.

[illegible] the [illegible] can have no [illegible] [illegible] [illegible]

much altered in taste and colour.

The bowels are seldom suppressed but as the disease progresses becomes much altered in quality and quantity.

The urine is small in quantity, is evacuated frequently with great heat, and is high coloured.

Blood drawn from a vein has different appearances, depending on the violence of the disease. Dock Rush bleed it always sizy; but sometimes it is diffluent.

The patient generally loses her appetite at the commencement of the disease.

In sleep the eyes are half closed, and the mouth remains generally open.

The pulse now sinks; the nerves become relaxed and clammy; the lips, teeth, and tongue are covered with a black crust; eyes seem as if both covered the whole internal surface of the mouth and fauces; delirium; muscular twitchings; convulsions of faces; which continues

convulsions and death, closes the melancholy scene.

Such is the course of typhoid fever; although, it may be said, according, to the constitution of the patient, the degree of violence, and the earlier or later attack of the disease.

Typhoid fever generally terminates in a short time, if no relapse is apprehended, but it is such, that one half of those who are attacked with it, lie on the fifth day. There are instances however in which death does not occur until the fourteenth day; and in other again on the seventh day after the attack of the disease.

If the disease terminates favorably, the recovery will be very tedious, as the patient requires great care and attention.

The symptoms considered as favorable to life, are the appearance of the tongue when it has been coated, the gradual subsidence of the swelling and redness of the abdomen, with a moist skin.

Remote and Predisposing Causes.

The remote cause of this disease, are whatever produces debility in the system generally, or in the uterus locally, but debility is the most predisposing cause. First debility is the predisposing cause, 1st from the disease shaking the patient's health after parturition, when the system has been debilitated by the previous labour; 2nd from it, after being some second, months, when we are very liable to make an constitution; 3rd from it being very frequent in those who are subject to violent inflammations at the time; and 4th by it generally shaking the patient in the morning, when the body is most weakened.

The remote causes may be divided into two general; the local and constitutional, and the general indirectly through the medium of the system.

I shall first notice the local causes that

produce debility in the uterus, by acting directly on it. Then appear to be injuries done to the parts by very difficult or preternatural labour; harsh treatment of the accoucheur during parturition; violence offered in extracting the placenta, and pressure on the uterus, by bandages applied too tight to the abdomen.

I now proceed to mention the causes that appear to produce debility through the medium of the general system.

Many of the modes and customs of civilized society may be considered as causes producing this disease. Improper fashions, such as wearing tight corsets; and apparel too light for the changes ~~[illegible]~~ in the atmosphere; the rich diet, stimulating drinks, confined air, heat from too great quantity of bed clothes, or epidemic constitution of the atmosphere, may all be considered as causes producing indisposition through the medium of the system.

Therefore when this predisposition exists in the system generally, or in the uterus locally, any of the exciting causes act upon it they produce morbid irregular action in the sanguiferous system; and this irregular action falls with greater force on the uterus and surrounding parts, on account of the accumulated excitability which exists in them after parturition.

Exciting Causes. The causes which excite this disease, are all such as act on the system when predisposed to disease; and many of the causes before enumerated as innate, may prove the exciting cause. Some of the causes before noticed may account for its always attacking the patient directly after parturition when the system has been weakened and its excitability increased; hence when any stimulus is applied disproportionate to the excitability in the system,

it proves the cause of morbid action, which is determined to the uterus by finding there the weakest part in the body, and it is this local predisposition, which invites irregular ~~and~~ or morbid excitement; as certainly, to use the words of Dr Rush, as the electric fluid is attracted by the rod.

Admitting the uterus, as before mentioned to be the weakest part in the body; neither does my saying that the disease is seated in the uterus; for we are well aware that when the body is labouring under debility, it is so very liable to disorder that the weakest stimuli may sometimes produce disease; and if any part has a greater degree of weakness than another, it is this part the disease will first attack and show itself.

Viewing the body in this state, when the smallest impression takes effect, we may readily conceive the influence that heat from

too great quantity of bed-clothes, stimulating drinks, pressure on the uterus by bandages applied too tight to the abdomen and obstructed perspiration, may have in producing this disease; which is violent and fatal only, in proportion to the remote predisposing and exciting causes; and without the last no disease can be produced, for they are the causes of the morbid and irregular action which produces the proximate cause of puerperal fever.

Proximate Cause. The cure of the disease depends very much on a knowledge of the proximate cause, hence when we recollect how fatal this disease is to puerperal women, it is not surprising that it should excite the anxious to attempt to discover its proximate cause; we accordingly find various opinions advanced on this subject. But in this disease as in many others the effect has been considered as the cause. We therefore find

secretion of the lochia imposes secretion from a simple inflammation of the uterus or peritoneum have not been considered as the cause. That a suppression of the lochia is not the cause may be inferred from its sometimes continuing through the whole course of the fever of a natural small-pox appearance. It may also be inferred that an increased secretion of the milk is not the cause, from the disease frequently attacking the patient before the milk has descended to the breasts, or if it has, we invariably have taken place in its appearance.

It has been supposed that an inflammation of the uterus or peritoneum is the cause by the nervous system sympathizing with these parts; but it may more reasonably be considered as the effect of increased or irregular action of the sanguiferous system determined to these parts by debility. I therefore would conclude that the immediate cause of the disease, in an attack of

morbid action of the arterial system but exhibit
its marks of being seated in the uterus, by having
there the greatest degree of debility. The appear-
ances in the neighbouring part are the effect
of sympathy from the contiguity of situation.
Why debility in a part should make it more
liable to disease when the whole system is
under the influence of increased arterial action
will not appear difficult to explain. When a
part is weakened in the sanguiferous system
so much exciter, that part being unable to bear
the impulses of the blood, is certainly most
liable to disease.

Appearances on Dissection. On dissec-
tion the morbid appearances are principally
confined to the abdomen; but sometimes the
thorax exhibits marks of disease. On opening
the abdomen you sometimes find a quantity
of purulent or serous matter. The uterus and
its appendages, with the omentum and mei=

tions exhibit inflammatory appearances; the bladder and intestines often show marks of disease; sometimes these parts are mortified. These appearances are sufficient proofs of its malignant nature, and its being seated generally in these parts.

Cure. Having concluded the history and causes with the appearances on dissection, I now proceed to the curative part of my subject.

In a disease so violent in its attack, so rapid in its course, and generally so fatal in its termination; every exertion should be made as early after the attack as possible to prevent its progress.

The numerous and diverse opinions and practices among physicians concerning the cause and nature, have existed also respecting the remedies to be employed in the cure of this disease.

Where such a diversity of opinion, it will be best to pursue that method of treatment which the state of the system or existing circumstances seem most to indicate.

As it was noticed before that this disease changes frequently from the inflammatory to the typhous state, the remedies to be employed for the cure of it must be divided into classes suited to these opposite states of the system.

The remedies for the inflammatory state of this fever, are all such as by their operation on the system, diminish the excessive action of the blood vessels; are such as prevent local congestion and serous effusions in vital parts.

The first and most important of these remedies that I shall mention, is bloodletting. The frequency of bloodletting in this fever has admitted

of such treatment many practitioners very much oppose its ever being used, while others have much recommended its adoption.

Dr. Dewees recommends copious bleeding at the commencement of the disease.

Dr. Gordon sees much in its favour in a very interesting account of this, over that premature at Edinburgh, in which we are informed that the disease was infectious, to commence its attack with violent and unremitting pain in the abdomen, with a very frequent pulse often 140 in a minute. He states that if he was called to see the patient within 24 hours after the attack he always took away 20 ounces of blood, which was always very well borne, further informs that he seldom bled in effecting a cure if he was permitted to pursue this plan of treatment.

Dr. Chapman who informs us that the

remedies which succeed best in his hands were bleeding freely, purging actively, and blistering the abdominal region.

The propriety of blood letting in this disease is established beyond controversy by the success of many eminent practitioners in medicine; and when we see so many instances of its efficacy, we may attribute it to an improper use of the remedy as to time and quantity.

To lay down precise rules as regards the time it should be employed, and the quantity to be drawn would only tend to mislead the practitioner and thereby produce much mischief; but I propose to mention a few physicians have adopted, and which seem tolerably common. I shall recommend it to be employed when depletion or tension in the pulse, or the inflammatory action of the blood-vessels requires it, and the quantity

be taken must be regulated by the continuance or removal of those signs which call for the remedy, and by its beneficial effects on the system.

Bleeding if properly used in this disease is one of the most efficacious remedies. But if injudiciously employed it is injurious and sometimes fatal effects.

Cathartics are the next remedy which may claim our attention, respecting them there has been much diversity of opinion as ~~to the~~ to their treatment. Some physicians observing that women who die of this disease are generally found with a diarrhoea in their rendering it a very dangerous symptom have very much opposed their use. While others considering it a favorable symptom recommend the use of purgative medicine. But purgatives used in this disease will certainly be injurious when we reflect how injurious costiveness is

be [illegible] up in [illegible], or [illegible] immediately [illegible] to exhaustion.

By exciting cathartics, laxatives and emollient clysters, and keeping the bowels, or [illegible], to prevent the accumulation of [illegible] matter and thus prevent the consequence of a spontaneous diarrhœa, which sometimes occurs in this disease without being useful, but often injurious. These and medicines should be distinguished on the one, cordial purgatives, which if exhibited might produce a too copious discharge, or diarrhœa and thereby be the patient's death.

In the next place I [illegible] notice Emetics. Some physicians have trusted exclusively to them for the cure of cerebral fever.

Mr. [illegible] at the Hotel Dieu at Paris where was one of this number in [illegible]

relied entirely on ipecacuanha, made it his practice to exhibit an emetic immediately after the attack and often repeated it.

Emetics if properly employed may be considered as a very valuable remedy in this disease. But to depend on them entirely would be an error; and those who rely on them alone for a cure will be apt to find themselves very much disappointed in their expectations. When they are given as auxiliaries to other remedies great advantage may be expected from them.

The white emetic may be exhibited with advantage to evacuate the stomach of any offensive matter it may contain; besides this operation "it has been found to lower the blood vessels, to diminish the tension of the blood vessels and by equalizing the excitement of the system, by inviting its excessive degree from the blood vessels to the stomach and muscles."

[illegible] the [illegible] action [illegible] with and [illegible] considerable [illegible] would not be [illegible] until it is [illegible] as [illegible] from [illegible] injurious in [illegible] right [illegible] action.

They may however be administered with [illegible] in small doses, such [illegible] [illegible] determine to the surface of the body and by these means remove internal congestion and [illegible] the morbid action of the blood vessels.

Blisters are the fourth and last remedy that I shall mention for the inflammatory state of pneumonal fever. They are a very [illegible] remedy in many diseases, and may be [illegible] very efficacious in this disease, if their application be regulated by certain circumstances; if the inflammatory symptoms of the disease are violent they should be deferred until after the application of blisters. If this precaution be taken, blisters are [illegible]

service in relieving [illegible] difficult respiration.

Blisters may also afford great service by inducing an artificial inflammation on the surface of the [illegible] and thus [illegible] the disease from internal to external parts and by [illegible] means [illegible] the danger of visceral congestion.

Blisters may also be employed with great advantage [illegible] the disease is [illegible] in its first stage, or the period [illegible] when it then comes to be a greater degree of [illegible] tion. Blisters will be found [illegible] a [illegible] in situations applicable to the [illegible] remedies.

Remedies for the Typhoid State of Pneumonia. When the inflammation has assumed a form which may be known by [illegible] more manifest [illegible] in tissues [illegible] more [illegible] exciting action in the stomach, bowels, brain, nerves, muscles and [illegible] the extremities [illegible]

system are; by inducing a more
rapid motion in the circulation, by im-
parting to them more vigorous and healthy
action."

The remedies for producing this effect
on the system are denominated Stimulants
and can be divided into internal & external.

The internal stimulants are opium,
ether, ammonia liquor, alcohol, prussian blue,
virginia snake root, camphor
and many others; but these, administered if
properly exhibited, and alternately employed
will be sufficient to cure the disease.

Opium will be found one of the most
efficacious remedies in the hands of
the lover of profitable results. Its
proper exhibition requires the physician
to be very attentive to the pulse & prevent
its elevation, the system into inflammatory
action; or to prevent the opium from

a sedative effect on the system. This sedative effect is to be obviated by giving the opium in such a manner that each dose may be exhibited before the stimulating effect of the preceeding dose has subsided.

Distilled & fermented liquors will be found very efficacious if properly given; especially wine and porter. these should be given in pretty large quantity if the state of the system will permit. The peruvian bark, camphor, virginia snake root, and many other stimulants may be employed in succession with advantage.

The external stimulants are. blisters cataplasms, and the warm and hot baths. The physician should be very cautious how he uses stimulants in puerperal fever whether he uses them internally or externally; for by not being very attentive he may produce a dangerous or fatal inflammatory action or a degree of

prostration from which the system cannot be raised.

The method most proper of giving stimulants will be to begin with the mildest of them, and be regulated by existing circumstances.

But I may safely say that those medicines which have been enumerated, when employed by a practioner acquainted with his art and attentive to his patient, may be employed with the greatest prospect of affording relief to suffering humanity.